



Mailing Address Change

Account No. _____

Date _____

Account Address _____
(STREET)

I, as the owner or the owner's agent, request that until further notice, the Municipal Services Bill (water bill) for the above property be mailed to the following name and address:

Name _____
(PLEASE PRINT)

In Care Of _____

Address _____
(STREET)

(CITY) (STATE) (ZIP CODE)

Note: This change will remain in effect until notice of cancellation.

Contact Telephone _____

Mail to Milwaukee Water Works, 841 N. Broadway, Rm. 406, Milwaukee, WI 53202, or fax to (414) 286-5452 or call (414) 286-2830.